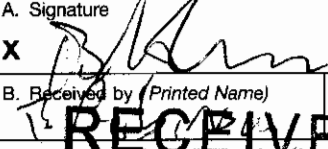


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature X </p> <p>B. Received by (Printed Name) JAMES BONINI</p> <p>C. Date of Delivery 7/31/06</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No JUL 31 2006</p> <p>JAMES BONINI, Clerk CINCINNATI, OHIO</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  DERRICK BALDWIN 447-956 LECI P.O. BOX 56 LEBANON, OH 45036			
2. Article Number (Transfer from service label)		7002 0860 0006 5229 7415	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-0835	